



IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI

Judge or Division:	Case Number:	
	MACSS Case ID:	
Petitioner:		
SSN/DOB: VS.		
Respondent:		
SSN/DOB:		
		(Date File Stamp)

Lien Request

I, _____ am legally entitled to the arrearages which have accrued under an order entered by:

☐ The Circuit Court of _____ County, Missouri.

☐ The Director of the Division of Child Support Enforcement, State of Missouri and filed in the Circuit Clerk's Office of _____ County, Missouri.

Pursuant to Section 454.515 RSMo., please effect a lien on the real estate of _____, obligated to pay the support under the order.

Check if applicable.

☐ Attached is a sworn affidavit of arrearages.

☐ Attached is a certified copy of the order of support (transcript of judgment).

Date

Applicant Signature